

CLAIMS ONLY

Application Number

10660490

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
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50										
Total Indep				3						
Total Depend			16							
Total Claims			18							